



IFW

211A 3508

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

TOMOHIRO SAITO et al.

Serial No: 10/727,464

Filed: December 4, 2003

For: IMAGING LENS SYSTEM

Art Unit: 2873

Examiner: --

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

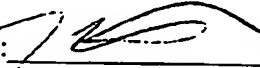
Dear Sir:

In response to the Office Action dated January 5, 2005, please amend the above-identified application as follows:

10/727,464 LENS SYSTEM 06090909 111445 10727464
22 JUL 2005 100.00 DA
22 JUL 2005 100.00 DA

Please charge any additional costs incurred by or in order to implement this amendment
or required by any requests for extensions of time to KODA & ANDROLIA DEPOSIT
ACCOUNT NO. 11-1445.

Respectfully submitted,
KODA & ANDROLIA

By: 
William L. Androlia
Reg. No. 27,177

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Certificate of Transmission

I hereby certify that this correspondence is being deposited with
the United States Postal Service with sufficient postage as first
class mail in an envelope addressed to: Mail Stop: Amendment,
Commissioner for Patents, PO Box 1450, Alexandria, VA
22313-1450, on

May 5, 2005

Date of Deposit

William L. Androlia

Name


Signature

5/5/2005

Date

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

10727464

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	9	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

amt
9-9-05

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	22	20	2
Independent	1	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$25=	385
X\$100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$25=	
X\$100=	
+360=	290
TOTAL	1060

770

SMALL ENTITY TYPE OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$25=	
X\$100=	
+180=	
TOTAL	

RATE	ADDITIONAL FEE
X\$50=	100
X\$200=	
+360=	
TOTAL	100

RATE	ADDITIONAL FEE
X\$25=	
X\$100=	
+180=	
TOTAL	

RATE	ADDITIONAL FEE
X\$50=	
X\$200=	
+360=	
TOTAL	

RATE	ADDITIONAL FEE
X\$25=	
X\$100=	
+180=	
TOTAL	

RATE	ADDITIONAL FEE
X\$50=	
X\$200=	
+360=	
TOTAL	